DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/20/2013

NAME OF PROVIDER OR SUPPLIER
WATERS OF MARTINSVILLE THE

STREET ADDRESS, CITY, STATE, ZIP CODE
2055 HERITAGE DR
MARTINSVILLE, IN 46151

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS

This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on May 06, 2013.

Survey dates: June 19 and 20, 2013

Facility number: 000096
Provider number: 155183
AIM number: 100290890

Survey team:
Susan Worsham, RN-TC
Diana McDonald, RN
Melissa Gillis, RN

Census bed type:
SNF/NF: 95
Total: 95

Census payor type:
Medicare: 20
Medicaid: 61
Other: 14
Total: 95

Waters of Martinsville was found to be in compliance with 42 CFR Part 483, Subpart B and 40 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey.

Quality review completed on June 21, 2013; by Kimberly Perigo, RN. | {F 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.